

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 04-OCT-2015		TIME 08:34:00		2. ADDRESS OF OCCURRENCE 3522 W GRENSHAW ST CHICAGO, IL 60624				3. LOCATION CODE 289		4. BEAT/OCCUR 1133		
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME TIRADO		7. FIRST NAME GLORIA A		8. STAR NO. 19886		9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F		10. RACE CODE S	
	11. AGE 508		12. HT. 118		13. WT. 118		14. DATE OF APPT. 26-MAY-1998		15. EMPLOYEE NO. 011		16. UNIT & BEAT OF ASSIGNMENT 1132	
	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME MCCALLUM		21. FIRST NAME JEFFERY		22. M.I. D	
	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. D.O.B. 506		26. HT. 160		27. WT. 160		28. ADDRESS 29. TELEPHONE NO.	
SUBJECT INFORMATION	30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? <input type="checkbox"/> 01 Hospitalized <input type="checkbox"/> 02 Apparently Normal <input type="checkbox"/> 03 Not Hospitalized <input type="checkbox"/> 04 Under influence <input type="checkbox"/> 05 Refused Medical Aid		34. BY WHOM? <input type="checkbox"/> 01 DNA <input type="checkbox"/> 02 No		35. CB NO. <input type="checkbox"/> 01 DNA <input type="checkbox"/> 02 No	
	36. CHARGES PLACED <input type="checkbox"/> 01 DNA <input type="checkbox"/> 02 No		37. CB NO. <input type="checkbox"/> 01 DNA <input type="checkbox"/> 02 No		38. IR NO. <input type="checkbox"/> 01 DNA <input type="checkbox"/> 02 No		39. SUBJECT'S ACTIONS		40. SUBJECT'S RESPONSE		41. SUBJECT'S RESPONSE	
	42. SUBJECT'S ACTIONS		43. SUBJECT'S RESPONSE		44. SUBJECT'S RESPONSE		45. SUBJECT'S RESPONSE		46. SUBJECT'S RESPONSE		47. SUBJECT'S RESPONSE	
	48. SUBJECT'S ACTIONS		49. SUBJECT'S RESPONSE		50. SUBJECT'S RESPONSE		51. SUBJECT'S RESPONSE		52. SUBJECT'S RESPONSE		53. SUBJECT'S RESPONSE	
40. ADDITIONAL INFORMATION SEMI AUTO 380 ACP												
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER												
42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors												
43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Good Artificial												
44. WEATHER CONDITIONS CLEAR												
45. MAKE/MANUFACTURER												
46. MODEL												
47. BARREL LENGTH												
48. CALIBER/GAUGE												
49. TASER DART ID NO.												
50. WEAPON SERIAL NO. (Include Letters)												
51. CHICAGO GUN REG. NO.												
52. IL FIREARM OWNER ID. NO.												
53. HANDGUN CERTIFICATE NO.												
54. SPECIAL WEAPON CERTIFICATE NO.												
55. PROPERTY INVENTORY NO.												
56. TYPE OF AMMUNITION USED												
57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER												
58. TOTAL NO. OF SHOTS MEMBER FIRED												
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)												
60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO												
61. NO OF CARTRIDGES/SHOT SHELLS RELOADED												
62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)												
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)												
64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD												
65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO												
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)												
67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.												
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN												
69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)												
70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC												
71. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.												
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.												
72. REPORTING MEMBER (Print Name) TIRADO, GLORIA A												
STAR/EMPLOYEE NO. 19886												
SIGNATURE 04-OCT-2015 21:24:09												
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.												
73. REVIEWING SUPERVISOR (Print Name) GARTNER, JOHN A												
STAR NO. 2523												
SIGNATURE 04-OCT-2015 21:32:09												
DATE REVIEWED 04-OCT-2015 21:32:09												

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Offender deceased.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information available at the time, it is the preliminary determination of the undersigned that P.O. TIRADO acted in accordance with Department Policy.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

STAPLES, MELISSA A

SIGNATURE

DATE COMPLETED

TIME

04-OCT-2015 22:23:59

79. TOTAL TRR's THIS EVENT No.

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